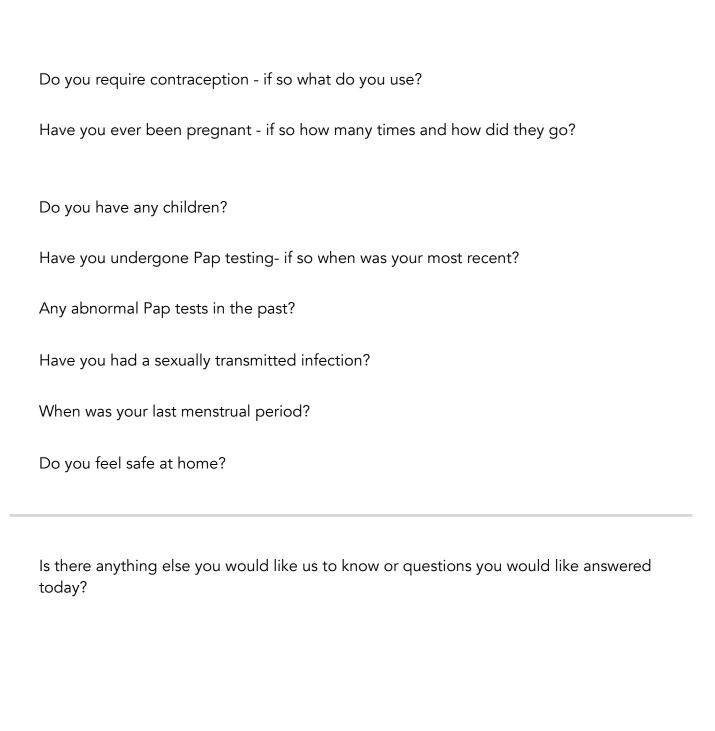


Thank you for taking time to complete this form. It is used make your visit with us at Chrysalis more efficient - fill in as much as you feel comfortable sharing. Thank you for taking time to complete this form. It is used to

Preferred pronoun: she he they Relationship status: Why are you seeing us today?	Preferred name:
Any current health conditions?	
Have you had any of the following: _ heart disease/heart attack _ kidney disease _ lung disease _ high blood pressure _ diabetes _ depression or anxiety _ substance use problems	_ neurological disease/stroke/seizures _ liver disease _ blood clot (DVT, pulmonary embolism) _ thyroid disease _ bone or joint problems _ other mental health issues _ other:
Please list any prescription medications:	
Please list any over the counter medications:	
Please list any herbal or natural medications:	
Do you have any medication allergies?	
Do you smoke cigarettes/e-cigarettes/vape/marijuana?	
Please list any surgeries in the past:	



Please know that we respect your confidentiality - all staff and learners sign a confidentiality agreement. A note generally goes back to your referring physician/nurse/midwife. Should you wish any of this written or other disclosed information not be shared please let us know.